

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-011517
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 196 Primary Registration District No. 3026 Registrar's No. 125-

FILED MAR 21 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
Length of stay in 1b 40 yrs		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hospital		d. STREET ADDRESS (If outside, give location) 1704 Ash	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle M. Last Henry	4. DATE OF DEATH Month March Day 7 Year 1962
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-11-1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker	10b. KIND OF BUSINESS OR INDUSTRY K. C. Museum Co	11. BIRTHPLACE (City and state or country) Peace Valley, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Thomas Henry	13b. MOTHER'S MAIDEN NAME Leona Mathews	14. NAME OF HUSBAND OR WIFE Minnie J. Henry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Kenneth Henry, 1926 Hardy, Indep. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration Pneumonia Interosclerotic Heart Disease Post-surgical prostaticomy	INTERVAL BETWEEN ONSET AND DEATH
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Conditions, if any, which gave rise to above cause (a); stating the underlying cause last: DUE TO (b) Aspiration Pneumonia Interosclerotic Heart Disease Post-surgical prostaticomy	DUE TO (c) Aspiration Pneumonia Interosclerotic Heart Disease Post-surgical prostaticomy
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Aspiration Pneumonia Interosclerotic Heart Disease Post-surgical prostaticomy	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Aspiration Pneumonia Interosclerotic Heart Disease Post-surgical prostaticomy
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20c. TIME OF INJURY Hour 4:00 Month 3 Day 7 Year 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Independence	COUNTY Jackson STATE Missouri
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21. I attended the deceased from 3-7-62 to 3-7-62 and last saw her alive on 3-7-62 Death occurred at 4:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE George Pearson MD	(Degree or title)	22b. ADDRESS 10901 Winner Rd.	22c. DATE SIGNED 3-9-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-9-1962	23c. NAME OF CEMETERY OR CREMATORY Floral Hills, Inc	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc	ADDRESS Blue Ridge & Gregory	25. DATE RECD. BY LOCAL REG. 3-9-62	26. REGISTRAR'S SIGNATURE Alba L. Craig
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 **7005**
2 **7005**
3
4 **0**
5 **1**
6
7 **0**
8 **2**
9 **4200**
10
11
12 **1-0**
13 **1-0**

Dr. George Carson
Medical 1889
2-2-75-54
2-40m in
10901 W. 10th Rd.

APR 6 1962

FEB 27 1963

MAR 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Sign Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. M. Joines

Licensed Embalmer No. 3453

P. O. Address H. E. Jones

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.